



INSTRUCTOR CERTIFICATION APPLICATION

(Please Neatly Print or Type the Requested Information)

The following requested information must be completed to have your application reviewed for “State” certification of the 8-hour pistol safety training course pursuant to P.A. 381 of 2000.

Name:	SSN:	Application Date:
Agency/Location:	Phone Number:	
Address:	Fax Number:	
City:	State: MI	Zip:

1. I am a ☐ current ☐ former MCOLES licensed law enforcement officer; a ☐ current ☐ former law enforcement officer from another state who is/was recognized by the state Post as a licensed law enforcement officer, a ☐ current ☐ former federal law enforcement officer, a ☐ current ☐ former member of the U.S. Armed forces.

- If a former MCOLES, other state licensed law enforcement officer, Federal officer, or military indicate the date and the last agency/branch you separated from:

Date:	Agency:
-------	---------

2. I certify that I have not been terminated, allowed to resign in lieu of termination, or asked to leave employment with any state or federal law enforcement agency, or dishonorably discharged from the military. Initial _____
3. I certify that I have not been convicted of a felony or any offense listed in P.A. 381, 2000 that would make me ineligible to obtain a CCP license. Initial _____
4. List or attach your resume that details your initial firearm instructor training and subsequent professional development related to firearm training, use of force, instructor development, etc. (Attach additional sheet(s) if necessary)

COURSE TITLE*	DATE	LENGTH IN HOURS	TRAINING PROVIDER

* **Attach copy of training certificate or other proof of successful completion.**

5. Attach a letter signed by the chief administrator of the law enforcement agency or director of the basic training location that includes the following information that:
- identifies you by name and social security number,
 - indicates that you are an employee of the agency or training location,
 - you are a firearm instructor for that organization,
 - you have demonstrated the ability to present firearm training curriculum, and
 - requests you be licensed to ***teach the 8-hour pistol safety training course.***
6. Submit a copy of your lesson plan that is based upon the law and MCOLES training objectives.
7. Return this application with attachments to **MCOLES, Career Development Section, 7426 N. Canal Rd., Lansing, MI 48913.**

Applicant Signature	Date

Date Application Received:	<input type="checkbox"/> Approved	By:
MCOLES USE ONLY	<input type="checkbox"/> Denied	Date: Certificate Number: